

Requesting Party:
Contact Name:

## City of Seattle City Attorney's Office

## **Civil Division**

City Hall, 4th floor 600 Fourth Avenue Mailing Address PO Box 94769 \* Seattle, WA 98124-4769 Phone (206) 684-8200 \* Fax (206) 684-8284

## **Criminal Division**

700 5th Avenue, Suite 5350 P.O. Box 94667 Seattle, Washington 98124-4667 Phone (206)684-7757\* FAX 206-684-4648

## **REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

Mailing Address: (Street)					
(City)		(State)	(Zip)		
Phone:	(Day)		(Eveni	ing)	
Email:		Fax:			
Please describe in detail the records being requested, including author, title, date and/or date range.					
REQUESTED DOCUMENTS ARE FOR: (Please click the appropriate box if filling electronically)  REVIEW COPYING INSPECTION, THEN COPY OF SELECTED PAGES					
* There is a 15 cents per side copying fee for standard black and white copies.					
I hereby declare, under penalty of perjury under the laws of the State of Washington, RCW 42.56.070 (9), that should my request contain a list of individuals, the information obtained through this request will not be used for commercial purposes.					
Signature	of Requesto	r		Date	
FOR OFFICIAL USE ONLY					
Date Received:					
Received By:					
Request Number:					